

Use District/School Letterhead**SAMPLE PARENT/GUARDIAN NOTIFICATION LETTER**

Dear Parent/Guardian of:

(Name of Child(ren) and School(s))

Your application for free or reduced price meals or free milk for your child has been:

- ☐ Approved for free (meals/milk).
- ☐ Approved for reduced price meals at \$ [] for lunch and \$ [] for breakfast.
- ☐ **DENIED** for the following reason(s):
1. Your income is higher than the qualifying income guidelines. The price of a paid lunch is: \$ []
 2. We need more information. *Please supply:*
 - ☐ Proof from DSS of a Temporary Family Assistance (TFA) or Supplemental Nutrition Assistance Program (SNAP) Client ID Case Number (Not a copy of the CONNECT card.)
 - ☐ Income
 - ☐ Clarification on the frequency of income
 - ☐ The last four digits of your social security number or the "No Social Security Number box" checked off
 - ☐ Total number in family/household
 - ☐ Names of *all* household members
 - ☐ Original signature
 - ☐ Other: []

Please note that your eligibility determination for free or reduced price meals is valid for the entire school year unless during the school year, you are selected for verification and the verification determination does not support your current benefit level.

If you have been denied benefits and your income or household size changes, you may reapply for free or reduced price meals or free milk at any time during the school year.

If you do not agree with the decision, you may discuss it with the school. You may appeal the decision by calling or writing:

Name of Hearing Official:

Title:

Phone Number:

Address:

Zip Code:

Determining Official:

Date:

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